

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37772**

No. 300
10-48

FILED NOV 6 - 1953

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2771	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (if in this place) 51 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka 4740		d. STREET ADDRESS (If rural, give location) Rural Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				4. DATE OF DEATH OCT 25-1953			
3. NAME OF DECEASED (Type or Print) GENEVIEVE		a. (First)		b. (Middle)		c. (Last) REED	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 9, 1911	
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Control		10b. KIND OF BUSINESS OR INDUSTRY Walgreen Drug		9. AGE (In years) IF UNDER 1 YEAR: Months 11 Days 17 IF UNDER 24 HRS. Hours 17 Mins.	
11a. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Collier		13b. MOTHER'S MAIDEN NAME Catherine Kaiser		14. NAME OF HUSBAND OR WIFE Elmer G. Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-03-0933		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer G. Reed Eureka Mo., R.R. # 1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Convulsion DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia.				INTERVAL BETWEEN ONSET AND DEATH 8161	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 26 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Hq.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY 9-4-53 7 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto hit truck			
22. I hereby certify that I attended the deceased from Sept 4, 1953, to Oct. 25, 1953 , that I last saw the deceased alive on Oct. 25, 1953 , and that death occurred at 11:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard E. Ennet, M.D.				23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 10-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-29-53		24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 10/27/53		REGISTRAR'S SIGNATURE Herbert B. Ann M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart 1125 Union			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Merwin J. Kempe*

Licensed Embalmer No. *405-2*

P. O. Address *3505 Oakl*

St. Louis 20, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.